

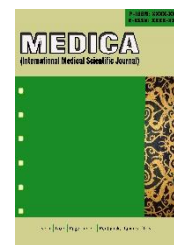
MEDICA

(International Medical Scientific Journal)

Vol.6, No.1, January 2024, pp. 28 – 37

ISSN 2622-660X (Online), ISSN 2622-6596 (Print)

<https://journal.ahmareduc.or.id/index.php/medica>



The Relationship between Husband Support and Mother's Employment Status with Exclusive Breastfeeding in Tanjung Buntung Community Health Center

Niffianisha Iqlima Erlidwisi¹✉, Renny Adelia Tarigan¹, Huzaima¹

¹ Program Study of Bachelor of Midwifery and Professional Midwife Education, Institut Kesehatan Mitra Bunda, Batam City, Riau Islands, Indonesia

Info Article

Article History:

16 Desember 2023

15 January 2024

31 January 2024

Keywords:

Husband Support,

Exclusive

Breastfeeding,

Employment Status

Abstrak

The rate of exclusive breastfeeding in infants in Indonesia is still low, at 59.6% compared to the national target of 80%. The low rate of exclusive breastfeeding is influenced by various factors, one of which is husband support. The support provided by husbands, such as expressing love and providing assistance and appreciation to mothers, and the low employment status of mothers in providing exclusive breastfeeding, particularly for working mothers, significantly affect breastfeeding practices. This study aims to investigate the correlation between husband support, employment status, and exclusive breastfeeding in the Tanjung Buntung Community Health Center area. The research method employed is descriptive analytics with a Cross-Sectional approach. The study population consists of mothers with infants aged 0-6 months, with purposive sampling used to select 60 respondents. The bivariate test results reveal a significant correlation between husband support and exclusive breastfeeding (p-value=0.001) and a significant correlation between employment status and exclusive breastfeeding (p-value=0.001). In conclusion, this research indicates a relationship between husband support, the mother's employment status, and exclusive breastfeeding in infants. Recommendations for healthcare professionals include providing continuous education to husbands to support mothers in the breastfeeding process and encouraging breastfeeding mothers to maintain exclusive breastfeeding practices.

© 2024 Borneo Scientific Publishing

Corresponding Author:

✉ Niffianisha Iqlima Erlidwisi

Program Study of Bachelor of Midwifery and Professional Midwife Education, Institut Kesehatan Mitra Bunda, Batam City, Riau Islands, Indonesia

Email: niffianisha@gmail.com

1. INTRODUCTION

Infants, defined as human beings aged 0 to 12 months, undergo significant physical growth marked by changing nutritional needs. The infant period, often referred to as the golden age, is a crucial moment determining a child's subsequent development and growth. The first 1000 days, known as the window of opportunities or the golden period, from fetal development to two years of age, witness rapid and unparalleled growth not seen in other age groups. Adequate nutrition during these 1000 days is crucial, as suboptimal nutrition during this period can lead to increased health problems in infants (Rahayu et al., 2018).

Various factors contribute to infant morbidity and mortality, including diarrhea, infectious diseases, and pneumonia. Timely prevention, early detection, and prompt intervention can mitigate mortality caused by these diseases. One preventive measure to shield infants from these ailments is exclusive breastfeeding (Fauziah, Widuri, & Basri, 2007).

Breast milk, a white fluid produced by the mother's breast glands, is beneficial for infants. Therefore, breast milk should be provided from birth until the infant is six months old, without supplementing or replacing it with other foods or drinks, except for vitamins and medications (Gibney, 2009). The benefits of breast milk are attributed to its 200+ essential components, including proteins, fats, carbohydrates, vitamins, minerals, growth factors, enzymes, immune substances, and white blood cells. These components are naturally and harmoniously balanced, providing valuable nutrition for the growth and development of infants, unmatched by artificial alternatives (Anggraini, 2020).

Breast milk contains colostrum, functioning as an immunity substance that protects infants from various diseases. The absence of exclusive breastfeeding poses risks of gastrointestinal infections, such as diarrhea. Colostrum, rich in immunoglobulin A (IgA), plays a vital role in shielding infants from infectious diseases like diarrhea. It acts as a laxative, aiding the baby's early bowel movements, and protects the infant's digestive system from foreign substances (Anggraini, 2020).

Colostrum in breast milk also helps prevent acute respiratory infections, as it contains unique anti-infective components. Immunoglobulin A in colostrum plays a crucial role in averting infants from the risk of acute respiratory infections, ear infections, obesity, allergies, and jaundice. Breast milk also aids in preventing jaundice by breaking down bilirubin into a soluble form, facilitating its absorption in the intestines, and reducing indirect bilirubin levels (Polwandari and Wulandari, 2021).

Exclusive breastfeeding is highly recommended from birth to six months to support infant growth and development. Breast milk contains comprehensive nutritional elements that contribute to infant development, minimize digestive issues, prevent parasitic infections that may affect nutrient absorption, and reduce infant mortality rates (Arismawati et al., 2022).

Exclusive breastfeeding is part of the government's efforts to address nutritional challenges. Legislation, such as Health Law No. 36 of 2009 and Republic of Indonesia Regulation No. 33 of 2012 on exclusive breastfeeding, emphasizes the right of every infant to receive exclusive breastfeeding for the first six months, except under medical indications. Employers are also mandated to provide opportunities for working mothers to breastfeed or express milk at the workplace (Maryunani, 2018). Although exclusive breastfeeding reduces the risk of infant health issues, public perception of its importance remains a challenge, hindering optimal adoption of exclusive breastfeeding practices (Handayani et al., 2019).

Global data on exclusive breastfeeding still fall short of targets, with 44% coverage compared to the global target of 50%. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) advocate for exclusive breastfeeding in the first

six months to reduce and prevent mortality, emphasizing that no other foods should be introduced during this period (WHO, 2021). However, compared to other countries like Bangladesh, where 65% of newborns receive exclusive breastfeeding, Indonesia's rates remain lower (UNICEF, 2021).

In Indonesia, exclusive breastfeeding coverage was 56.9% in 2021, experiencing a decline from the 2020 coverage of 66.06%. The highest percentage of exclusive breastfeeding coverage in Indonesia is in West Nusa Tenggara Province (82.4%), while the lowest is in Maluku Province (13%) (Kemenkes, 2022). In the Kepulauan Riau Province, exclusive breastfeeding coverage was 69.6% in 2021, showing an improvement from 47.3% in 2020 but still below the national target of 80% (Dinkes Kepulauan Riau, 2021). Batam City also witnessed an increase in exclusive breastfeeding coverage in 2022, reaching 76.4%, but it falls short of the national target of 80%. The highest percentage of exclusive breastfeeding in Batam City is in the Sei Langkai Community Health Center area (91%), while the lowest is in the Tanjung Buntung Community Health Center area (64%) (Dinas Kesehatan Kota Batam, 2022).

The Tanjung Buntung Community Health Center reported a decrease in exclusive breastfeeding from 72% in 2021 to 64% in 2022. A preliminary study revealed that factors such as lack of spousal support and maternal employment significantly influence exclusive breastfeeding rates. Therefore, spousal support and maternal employment are considered variables to examine the low rates of exclusive breastfeeding in the Tanjung Buntung Community Health Center area.

The Indonesian government, through the Ministry of Health, encourages mothers to breastfeed exclusively for six months. However, the success of exclusive breastfeeding faces challenges due to various factors. A study by Feriyal et al. (2022) identified age, education, knowledge, occupation, spousal support, and family support as factors influencing mothers not practicing exclusive breastfeeding.

According to the World Alliance for Breastfeeding Action (WABA), successful breastfeeding requires support from various sources, including family, friends, communities, governments, and workplaces. Santi et al. (2020) found that maternal employment is associated with maternal self-efficacy in providing exclusive breastfeeding. Mothers with less than or equal to 7 hours of work per day demonstrated moderate self-efficacy (71.7%), while those working more than 7 hours exhibited low self-efficacy (61.5%). This is attributed to mothers with shorter working hours having more time available to support breastfeeding, such as preparing a breastfeeding space.

Support from various sources is crucial for a mother's success in initiating and maintaining exclusive breastfeeding. Spousal support is particularly vital, often referred to as the "Breastfeeding father." The emotional state of the mother significantly influences the release of oxytocin and prolactin hormones, which impact emotions, and thoughts, and stimulate milk production (Andriani & Dewi, 2021).

Previous research, such as that conducted by Sari et al. (2022) in the Siak Hulu Community Health Center area, demonstrated a significant relationship between knowledge and exclusive breastfeeding, as well as a significant correlation between spousal support and exclusive breastfeeding. Wahyuni et al. (2022) also found a significant association between knowledge, parental employment status, spousal support, and exclusive breastfeeding in the Kendalagung Village of Rembang District.

In line with existing research, Nurhidayati and Hanum (2021) reported a significant relationship between maternal employment and exclusive breastfeeding in the Blang Asan Village, Bireuen Regency. Arin et al. (2021) also identified a connection between maternal employment and exclusive breastfeeding in the Tena Take Community Health Center. This study aims to investigate the correlation between husband support, employment

status, and exclusive breastfeeding in the Tanjung Buntung Community Health Center area.

2. METHOD

This study employs a cross-sectional design, an observational approach aimed at exploring the relationship between independent and dependent variables. The research population encompasses all breastfeeding mothers with infants aged 0-6 months, totaling 849 infants, in the working area of Tanjung Buntung Health Center. A total of 60 samples were selected using the Purposive Sampling method. The research took place at Tanjung Buntung Health Center, Batam City, from August to September 2023. The independent variables involve spousal support and occupational status, while the dependent variable is the provision of breast milk to infants aged 0-6 months. The research instrument consists of a questionnaire with two parts: maternal identification and spousal support questionnaire. Data collection involves primary data obtained directly by the researcher through interviews and questionnaire completion with respondents. Additionally, secondary data is derived from the exclusive breastfeeding coverage reports of the health center for the year 2022. Data analysis employs the Chi-Square test with a 95% confidence interval ($\alpha=0.05$) through computerized programs.

3. RESULTS AND DISCUSSION

Table 1. presents the frequency distribution of breastfeeding mothers' age characteristics in the Tanjung Buntung Health Center UPT working area in 2023

| Age | Frequency | Percent (%) |
|-------------|-----------|-------------|
| < 20 years | 3 | 5,0 |
| 20-35 years | 49 | 81,7 |
| > 35 years | 8 | 13,3 |
| Total | 60 | 100,0 |

Based on Table 1, the characteristics of mothers' age show that data were obtained from 49 mothers (81.7%) aged 20-35 years and 3 mothers (5.0%) aged < 20 years.

Table 2. presents the frequency distribution of the number of children's characteristics in the Tanjung Buntung Health Center UPT working area in 2023

| The Number of Children | Frequency | Percent (%) |
|------------------------|-----------|-------------|
| < 2 Children | 18 | 30,0 |
| \geq 2 Children | 42 | 70,0 |
| Total | 60 | 100,0 |

According to Table 2, the characteristics of the number of children show that data were obtained from 42 mothers (70.0%) having \geq 2 children and 18 mothers (30.0%) having < 2 children.

Table 3. presents the frequency distribution of maternal education characteristics in the Tanjung Buntung Health Center UPT working area in 2023

| Education | Frequency | Percentage (%) |
|------------|-----------|----------------|
| Elementary | 10 | 16,7 |
| Middle | 39 | 65,0 |
| High | 11 | 18,3 |
| Total | 60 | 100,0 |

Based on Table 3, the characteristics of maternal education show that data were obtained from 39 mothers (65.0%) with middle school education and 10 mothers (16.7%) with elementary education.

Table 4. presents the frequency distribution of maternal income characteristics in the Tanjung Buntung Health Center UPT working area in 2023

| Income | Frequency | Percent (%) |
|-----------------|------------------|--------------------|
| ≤ Rp. 4.500.440 | 29 | 48,3 |
| > Rp. 4.500.440 | 31 | 51,7 |
| Total | 60 | 100,0 |

According to Table 4, the frequency distribution of maternal income characteristics shows that data were obtained from 31 mothers (51.7%) with income > Rp. 4,500,440 and 29 mothers (48.3%) with income ≤ Rp. 4,500,440.

Table 5. presents the frequency distribution of spousal support in the Tanjung Buntung Health Center UPT working area in 2023

| Spousal Support | Frequency | Percentage (%) |
|------------------------|------------------|-----------------------|
| Not Supportive | 15 | 25,0 |
| Supportive | 45 | 75,0 |
| Total | 60 | 100,0 |

According to Table 5, the frequency distribution of spousal support shows that data were obtained from 45 mothers (75%) receiving support and 15 mothers (25.0%) not receiving support.

Table 6. presents the frequency distribution of employment status in the Tanjung Buntung Health Center UPT working area in 2023

| Employment Status | Frequency | Percentage (%) |
|--------------------------|------------------|-----------------------|
| Unemployed | 46 | 76,7 |
| Employed | 14 | 23,3 |
| Total | 60 | 100,0 |

According to Table 6, the frequency distribution of maternal employment status shows that data were obtained from 46 mothers (76.7%) unemployed and 14 mothers (23.3%) employed.

Table 7. presents the frequency distribution of exclusive breastfeeding in the Tanjung Buntung Health Center UPT working area in 2023

| Exclusive Breastfeeding | Frequency | Percentage (%) |
|--------------------------------|------------------|-----------------------|
| No | 22 | 36,7 |
| Yes | 38 | 63,3 |
| Total | 60 | 100,0 |

According to Table 7, the frequency distribution of exclusive breastfeeding shows that data were obtained from 38 mothers (63.3%) practicing exclusive breastfeeding and 22 mothers (36.7%) not practicing exclusive breastfeeding.

Table 8. presents the relationship between spousal support and exclusive breastfeeding in the UPT Health Center Tanjung Buntung working area in 2023

| Spousal Support | Exclusive Breastfeeding | | Total | p-Value |
|------------------------|--------------------------------|--|--------------|----------------|
| | (n) (%) | Non-Exclusive Breastfeeding (n) (%) | | |
| Supportive | 35 77.8 | 10 22.2 | 45 100.0 | |
| Not Supportive | 3 20.0 | 12 80,0 | 15 100.0 | 0.001 |
| Total | 38 | 22 | 60 | |

Based on Table 8, most breastfeeding mothers in the Tanjung Buntung UPT working area, out of 60 mothers, practicing exclusive breastfeeding, show that the majority, 35 mothers (77.8%), receive spousal support. The Chi-Square test results in P (Sig) 0.001, where $P(\text{Sig}) \alpha < 0.05$. Thus, H_0 is rejected, and H_a is accepted. It is concluded that there is a relationship between spousal support and exclusive breastfeeding in the UPT Health Center Tanjung Buntung working area, Batam City, in 2023.

Table 9. presents the relationship between employment status and exclusive breastfeeding in the UPT Health Center Tanjung Buntung working area in 2023

| Employment Status | Exclusive Breastfeeding | Non-Exclusive Breastfeeding | Total | p-Value |
|-------------------|-------------------------|-----------------------------|----------|---------|
| | (n) (%) | (n) (%) | (n) (%) | |
| Employed | 2 14.3 | 12 85.7 | 14 100.0 | 0.001 |
| Unemployed | 36 78.3 | 10 21,7 | 46 100.0 | |
| Total | 38 | 22 | 60 | |

Based on Table 9, most breastfeeding mothers in the Tanjung Buntung UPT working area, out of 60 mothers practicing exclusive breastfeeding, show that the majority, 36 mothers (78.3%), are unemployed. The Chi-Square test results in P (Sig) 0.001, where $P(\text{Sig}) \alpha < 0.05$. Thus, H_0 is rejected, and H_a is accepted. It is concluded that there is a relationship between employment status and exclusive breastfeeding in the UPT Health Center Tanjung Buntung working area, Batam City, in 2023.

DISCUSSION

Independent Variable Husband's Support

Based on the research results, data from 60 breastfeeding mothers were obtained, with 45 mothers receiving husband's support (75.0%) and 15 mothers not receiving husband's support (25%). Husband's support includes both physical and psychological support provided by the husband to the mother. The husband and family are individuals who are always there when needed and can provide assistance to the mother. Types of support from the husband can include emotional support, appraisal support, information support, and instrumental support (Susilawati, 2020).

The success of breastfeeding is closely linked to the support of the husband. Psychological challenges often occur during breastfeeding, emphasizing the crucial role of the husband during this period. When facing difficulties in the breastfeeding process, wives communicate, consult, and seek help from their husbands (Komalasari et al., 2022).

Husband's support can be internal, such as support from the husband/wife or siblings, and external support for the family. The emotional and practical support provided by the husband plays a significant role in the success of exclusive breastfeeding. Mothers who receive support from their husbands tend to have better emotional well-being, contributing to successful breastfeeding. Lack of family support can lead to a decrease in breast milk production, affecting the mother's success in breastfeeding (Farida et al., 2022).

According to the researcher's assumption, the support provided by the husband is in the form of appreciation, material support, and information. This support is received by mothers during exclusive breastfeeding, such as encouraging breastfeeding over formula feeding, assisting with household chores while the mother is breastfeeding, helping care for the baby's siblings while the mother is breastfeeding, and advising against introducing complementary foods in the first 6 months. Low husband's support can reduce the mother's motivation to provide exclusive breastfeeding to her baby. Therefore, husband's support is crucial.

Dependent Variable: Employment Status

Based on the research results, data from 60 breastfeeding mothers show that 46 mothers are unemployed (76.7%) and 14 mothers are employed (23.3%). Employment is a necessity, especially to support one's life and family (Kamil, 2019). Employment is a factor related to why mothers do not provide exclusive breastfeeding to their babies. The busy schedule of working mothers makes it challenging for them to actively engage in exclusive breastfeeding, as they may lack the time required for breastfeeding. Consequently, many babies are left at home and cared for by a nanny. If the baby gets hungry, the nanny may provide complementary foods (Lumbantoruan, 2018).

Government intervention to support exclusive breastfeeding is evident in health laws and regulations, such as Health Law No. 36 of 2009 Republic of Indonesia Regulation No. 33 of 2012 on exclusive breastfeeding, and Minister of Health Regulation No. 15 of 2013. These regulations provide a legal framework to protect the rights and obligations of working mothers who breastfeed, ensuring they can still provide exclusive breastfeeding with the right knowledge and support (Maryunani, 2018).

According to the researcher, employment is not a hindrance to exclusive breastfeeding. Both working and non-working mothers can provide exclusive breastfeeding if they have the correct knowledge, pumping equipment, and workplace support. Current labor laws can serve as a foundation to protect the rights and obligations of working mothers who breastfeed. With proper knowledge about breastfeeding, access to breast pumping facilities, and a supportive work environment, working mothers can still provide exclusive breastfeeding to their babies. Based on the frequency distribution results, data from 60 breastfeeding mothers show that 22 mothers do not provide exclusive breastfeeding (36.7%), while 38 mothers provide exclusive breastfeeding (63.3%).

Relationship between Husband's Support and Exclusive Breastfeeding

Based on statistical chi-square test results with a p-value of 0.001 ($\alpha < 0.05$), the null hypothesis (H_0) is rejected, indicating a relationship between husband's support and breastfeeding in the Tanjung Buntung health center area in 2023. The husband's support encompasses attitudes, acceptance, and actions of the husband toward the wife. Support from others, especially close ones, plays a significant role in the success of breastfeeding. The greater the support, the higher the chances of successful breastfeeding, as the husband's support provides tranquility, comfort, and peace of mind to the breastfeeding mother, influencing the production of breast milk (Silaen, 2022).

This research aligns with studies by Wulandari and Nurlaela (2021), indicating a positive impact of husband's support on breastfeeding experiences, including increased breast milk production and a reduction in the burden faced by the mother. Low husband support, as observed by Ratnaningsih (2020), Puspitasi and Sasongko (2020), can lead to negative impacts on breastfeeding, such as a decrease in exclusive breastfeeding rates.

In conclusion, husband's support has a positive impact on mothers. Positive effects include smoother breastfeeding, increased enthusiasm in providing breast milk to their children, feeling comfort, and reduced burdens. The harmony of thoughts and souls of both parents is essential for successful breastfeeding. Thus, the involvement of husbands from the beginning of breastfeeding is crucial for the mother's success in providing exclusive breastfeeding.

Relationship between Mother's Employment Status and Exclusive Breastfeeding

Employment is a necessity for individuals to support their lives and families (Kamil, 2019). It is a factor related to why mothers do not provide exclusive breastfeeding due to the busy schedule that makes it challenging for them to actively engage in breastfeeding. The research results indicate that 14 out of 60 breastfeeding mothers are employed

(23.3%), and 46 are unemployed (76.7%). However, the assumption is that employment does not hinder exclusive breastfeeding. Mothers, regardless of employment status, can provide exclusive breastfeeding with the right knowledge, pumping equipment, and workplace support. The current labor laws serve as a foundation to protect the rights and obligations of working mothers who breastfeed.

This research aligns with Olya et al.'s (2023) study, stating that there is a relationship between employment status and exclusive breastfeeding. Working mothers, despite having short maternity leave, can still provide exclusive breastfeeding with proper knowledge, equipment, and support. However, the reality is that many working mothers with low education levels lack information supporting exclusive breastfeeding.

The results also indicate that unemployed mothers face challenges in providing exclusive breastfeeding due to cultural beliefs and lack of family support. Low knowledge about the importance of exclusive breastfeeding and the influence of formula promotion contribute to the low success of exclusive breastfeeding programs (Prasetyono, 2021). Additionally, the research emphasizes that working mothers face challenges due to limited time and a lack of facilities in the workplace.

In conclusion, the employment status of mothers affects the low rate of exclusive breastfeeding. Working mothers face challenges in providing exclusive breastfeeding due to limited time, workplace constraints, and lack of support. On the other hand, unemployed mothers, while having more time, may lack knowledge and face cultural barriers to exclusive breastfeeding. Overall, addressing these challenges is crucial for promoting exclusive breastfeeding.

In summary, the research concludes that the husband's support positively impacts breastfeeding success, while the employment status of mothers can pose challenges to exclusive breastfeeding. The findings emphasize the importance of spousal involvement and supportive workplace environments in promoting exclusive breastfeeding practices.

Addressing these factors can contribute to the success of exclusive breastfeeding programs and improve maternal and child health outcomes.

4. CONCLUSION

Based on the research findings regarding the relationship between husband's support and maternal employment status with exclusive breastfeeding practices in infants in the working area of UPT Puskesmas Tanjung Buntung, Batam City in 2023, it can be concluded that the majority of breastfeeding mothers in the area receive husband's support, totaling 45 mothers (75.0%), while 46 mothers (78.3%) are not employed. The analysis results indicate a significant relationship between husband's support and exclusive breastfeeding, as well as between maternal employment status and the practice of exclusive breastfeeding in infants in the area. Husband's support plays a crucial role in the success of exclusive breastfeeding, with increased support being associated with higher success rates of exclusive breastfeeding. Similarly, maternal employment status also influences the practice of exclusive breastfeeding, where time constraints and workplace support emerge as key factors. Therefore, enhancing husband's support and adjusting workplace support policies can be effective strategies to improve the practice of exclusive breastfeeding in the area.

ACKNOWLEDGEMENT

The authors express their gratitude to the Head of Puskesmas Tanjung Buntung, Kota Batam, for granting permission and providing support in conducting this scientific research. The concern and collaboration extended are highly valuable for the progress of this research. Additionally, we would like to extend our thanks to all the respondents who willingly devoted

their time and participated in this study. Your contributions and collaboration are key elements in achieving the success of this research. We hope that the results of this study will bring significant benefits and contribute to the development of health and well-being in the community.

REFERENCES

- Andriani, R. A. D., & Dewi, U. M. (2021). Hubungan dukungan suami dengan keberhasilan pemberian ASI eksklusif pada ibu bekerja. *Jurnal Bidang Ilmu Kesehatan*, 11(1), 88-93.
- Anggraini, R. (2020). Faktor-faktor luar yang mendukung pemberian ASI eksklusif. *Jurnal Ilmu Gizi Indonesia (JIGZI)*, 1(1), 78-87.
- Arismawati, D. F. (2022). *Masalah dan Solusi Kesehatan di Indonesia*. Media Sains Indonesia.
- Arin, S. F., Nabuasa, E., & Sir, A. B. (2021). Hubungan Pekerjaan, Nilai-Nilai Budaya, Penolong Persalinan dan Dukungan Keluarga dengan Pemberian ASI Eksklusif di Puskesmas Tena Teke. *Media Kesehatan Masyarakat*, 3(3), 295-301. <https://doi.org/https://doi.org/10.35508/mkm.v3i3.3391>
- Dinas Kesehatan Kota Batam. (2022). *Profil Kesehatan Kota Batam Tahun 2018*. Batam: Dinas Kesehatan Kota Batam.
- Dinkes Kepulauan Riau. (2021). *Provinsi Kepulauan Riau Tahun 2021*. Kepulauan Riau: Dinkes Kepulauan Riau.
- Farida, F., Fitriani, R. K., Nafiisah, M., & Indawati, R. (2022). Hubungan Pendidikan dan Pekerjaan Ibu Terhadap Pemberian Asi Eksklusif di Desa Pelem, Kecamatan Purwosari, Kabupaten Bojonegoro. *Media Gizi Kesmas*, 11(1), 20-35.
- Fauziah, F. Widuri, J. & Basri, A.S. (2007). *Psikologi Abnormal Klinis Dewasa*. Jakarta: Universitas Indonesia (UI-Press).
- Feriyal, F., Dewina, M. ., & Wati, W. (2023). Faktor-faktor yang mempengaruhi ibu tidak memberikan asi eksklusif di Desa Sukra Wetan Kecamatan Sukra Kabupaten Indramayu tahun 2022. *Nautical : Jurnal Ilmiah Multidisiplin Indonesia*, 1(11), 1407-1413. <https://doi.org/10.55904/nautical.v1i11.639>
- Gibney, M. J. (2009). *Gizi kesehatan masyarakat*. (Hartono Andry dan Widyastuti Palupi, Penerjemah). Jakarta: Penebit buku kedokteran EGC.
- Handayani, S., Kapota, W. N., & Oktavianto, E. (2019). Hubungan status asi eksklusif dengan kejadian stunting pada batita usia 24-36 bulan di Desa Watugajah Kabupaten Gunungkidul. *Jurnal Medika Respati*, 14(4), 287-300.
- Kamil, R. (2019). Studi Deskriptif Tingkat Pengetahuan Ibu Tentang Ascariasis (Cacingan) Pada Balita Di Wilayah Kerja Puskesmas Siwuluh Kabupaten Brebes Tahun 2019. *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*, 10(2), 115-121.
- Kemendes RI. (2022). *Profil Kesehatan Indonesia 2021*. Jakarta: Kementerian Kesehatan Republik Indonesia.
- Komalasari, K., Supriati, E., Sanjaya, R., & Ifayanti, H. (2020). Faktor-faktor penyebab kejadian stunting pada balita. *Majalah Kesehatan Indonesia*, 1(2), 51-56.
- Lumbantoruan, M. (2018). Hubungan Karakteristik Ibu Menyusui Dengan Pemberian Asi Eksklusif Pada Bayi Di Desa Bangun Rejo Dusun 1 Kecamatan Tanjung Morawa Tahun2018. *Jurnal Maternal dan Neonatal*, 3(1), 13-22. <http://e-journal.sari.mutiara.ac.id/index.php/6/article/view/634/573>
- Nurhidayati, N., & Hanum, Z. (2021). Hubungan Status Pekerjaan Ibu dengan Pemberian ASI Eksklusif Di Desa Blang Asan Kecamatan Peusangan Kabupaten Bireuen. *Jurnal Kesehatan Almuslim*, 7(1), 40-45.

- Maryunani, A. (2018). *Inisiasi Menyusu Dini ASI Eksklusif dan Manajemen Laktasi*. Jakarta: CV. Trans Info Media.
- Olya, F., Ningsih, F., & Ovany, R. (2023). Hubungan Status Pekerjaan Ibu dengan Pemberian ASI Eksklusif di Wilayah Kerja UPT Puskesmas Menteng Tahun 2022. *Jurnal Surya Medika*, 9(1), 137–145.
- Polwandari, F., & Wulandari, S. (2021). Gambaran Usia, Paritas, Tingkat Pendidikan, Status Pekerjaan, Dukungan Suami dan Tingkat Pengetahuan Ibu dalam Pemberian ASI Eksklusif. *Faletehan Health Journal*, 8(01), 58–64. <https://doi.org/10.33746/fhj.v8i01.236>
- Prasetyono, D.S. & Haniah, M. (2009). *Buku Pintar ASI Eksklusif: Pengenalan Praktek dan Kemanfaatannya*. Yogyakarta: Diva Press.
- Puspitasi, L. A., & Sasongko, H. P. (2020). Hubungan dukungan suami dengan motivasi ibu dalam pemberian ASI eksklusif di wilayah kerja Puskesmas Wonosobo Kecamatan Srono Banyuwangi. *Jurnal Ilmiah Kesehatan Rustida*, 7(1), 33–44.
- Rahayu, T. B., & Nurindahsari, Y. A. W. (2018). Peningkatan status gizi balita melalui pemberian daun kelor (*Moringa oleifera*). *Jurnal Kesehatan Madani Medika (JKMM)*, 9(2), 87-91
- Ratnaningsih, E. (2020). Dukungan suami kepada istri dalam upaya pemberian ASI Di Rumah Sakit Panti Wilasa Citarum Semarang. *Jurnal Ilmu Kebidanan Dan Kesehatan*, 11(1), 9–19.
- Santi, M. Y., Santoso, S., & Sholihah, N. (2020). The Correlation Between Workplace Supports With Exclusive Breastfeeding On Working Mothers In Puskesmas Sewon Bantul Regency. *Jurnal Kesmas Indonesia*, 12(1), 41–52.
- Sari, R. S., Devitria, G., & Ginting, G. V. (2021). Peningkatan pengetahuan pemberian ASI eksklusif dan ASI perah pada ibu hamil. *JMM (Jurnal Masyarakat Mandiri)*, 5(5), 2862–2870. <https://doi.org/10.31764/jmm.v5i5.5081>
- Silaen, R. S., Novayelinda, R., & Zuhra, R. M. (2022). Hubungan dukungan suami dengan pemberian ASI eksklusif. *Holistic Nursing and Health Science*, 5(1), 1-10. <https://doi.org/10.14710/hnhs.5.1.2022.1-10>
- Susilawati, S. (2020). Postpartum Mother's Knowledge of the Implementation of Umbilical Cord Treatment of Newborns With Topical Methods of Breast Milk. *Jurnal Riset Kesehatan Poltekkes Depkes Bandung*, 12(1), 198–203. <https://juriskes.com/index.php/jrk/article/view/876>
- UNICEF, WHO, World Bank Group. (2021). *Level and Trends in Child Malnutrition*. WHO. <https://www.who.int/publications/i/item/9789240025257>
- Wahyuni, Faridah, U., & Hidayah, N. (2022). *The Relationship Of Knowledge, Parents' Employment Status, and Husband's Support With Exclusive Breast Milk In Kendalagung Village*. 1712–1720.
- WHO. (2021). Infant and young child feeding. WHO. <https://www.who.int/news-room/fact-sheets/detail/infant-and-young-child-feeding>
- Wulandari, S., & Nurlaela, E. (2021). Hubungan Dukungan Suami dengan Pemberian ASI Eksklusif : Literature Review. *Prosiding Seminar Nasional Kesehatan*, 1(1), 1984–1995.